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Self-injurious behaviors in eating-disordered patients

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Abstract

High rates of self-injurious behaviors (SIBs) have been described in eating-disordered patients. The present study in 134 female inpatients suffering from an eating disorder (ED) confirmed this: 44% of the total group reported at least one form of SIB (mostly hair pulling, scratching, cutting, or bruising) with a mean age at onset of 17.5 years. No major differences have been found between the subgroups (anorexics, bulimics). The considerable number of patients who did not feel any pain during SIB showed more tendency towards dissociative experiences. Those who admitted SIB reported higher levels of psychological dysfunctioning, dissociative experiences, and impulsiveness.

Keywords: Self-injurious behavior; Eating disorders; Psychopathology

1. Introduction

High rates of self-injurious behaviour have often been described in eating-disordered patients and particularly in those with bulimia nervosa (BN) (Favaro & Santonastaso, 1998; Favazza, De Rosear, & Conterio, 1989; Lacey, 1993, Mitchell, 1992, Welch & Fairburn, 1996). But, first, the definition of self-injury is a complex issue (Herpertz, 1995). It is often synonymously used with terms such as self-mutilation or self-harm. Like other authors (e.g., Herpertz, 1995), we use the term self-injurious behavior (SIB) for moderate derangements of the body surface, such as cutting, carving, and burning of the skin. The notion of self-mutilation, on the other hand, is suggesting more severe forms of physical self-harm, such as eye enucleation, castration, and amputation of various body parts (mostly associated

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with schizophrenic episodes), while many forms of physical self-injury are not that "mutilating." Self-injury is also to be preferred to the more general term of self-harm, which in the English literature usually refers to suicide attempts and may also include indirect modes of self-damaging behaviors such as particular habits of eating, drinking, and smoking. The definition that best fits the majority of studies describes self-injury (or SIB) as a direct, socially unacceptable, repetitive behavior that causes minor to moderate physical injury; when injuring, the individual is in a psychologically disturbed state but is not attempting suicide nor responding to a need for self-stimulation or a stereotype behavior characteristic of mental retardation or autism (Suyemoto, 1998).

Different types of studies have focussed on the association between SIBs and eating disorders (EDs). Favazza et al. (1989) noted three instructive case reports, in which female genital self-mutilation has been linked with dysorexia. Further, several studies of patients identified as "self-mutilators" note the presence of ED (Coid, Allolio, & Rees, 1983; Rosenthal, Rinzler, Wallsh & Klausner, 1972; Simpson & Porter, 1981; Yaryura-Tobias & Neziroglu, 1978). Finally, another body of literature describes SIB in patients suffering from anorexia nervosa (AN) and/or BN. Pierloot, Wellens, and Houben (1975) associated self-injury with poor outcome in 32 AN patients. Garfinkel, Moldofsky, and Garner (1980) reported a rate of 9.2% SIB among 68 purging AN patients. Yellowlees (1985) found that 4 of 15 bingeing/purging anorectics had deliberately injured themselves. Jacobs and Isaacs (1986) reported a 35% self-injury/suicide attempt rate in 40 subjects with pre- and postpubertal AN. A comparison of 84 laxative-abusing bulimics with 101 non-laxative-abusing bulimics recorded SIB distinct from suicide attempts in 40.5% of the former group and in 25.7% of the latter (Mitchell, Boutacoff, Hatsukami, Pyle, & Eckert, 1986). Recently, Favaro and Santonastaso (1999, 2000) described different types of SIB in ED. They concluded that, except for suicide attempts and substance/alcohol abuse, which are more prevalent among bulimics, all other types of SIB (e.g., skin cutting/burning, hair pulling) are not significantly different in AN and BN. Within the subgroup of AN, bingeing/purging anorectics showed more impulsive SIB such as cutting and/or burning than restrictive anorectics.

The aim of our study is fourfold:

1. To find out whether there are significant differences in SIB in the subtypes of ED (anorectics, bulimics) and whether our results confirm those of other authors.
2. To compare the ED subgroups with respect to (a) the age of onset of the SIB, (b) the time between the first self-injurious act and the present admission to the hospital, (c) the body parts that are inflicted by the self-injurious act, and (d) the way the self-injurious acts were performed (e.g., impulsively, well planned).
3. To check whether the emotional triggers that instigate self-injurious acts and the felt physical pain while mutilating are different for each type of SIB and whether these patterns are different or equal for each of the different ED subgroups.
4. To find out whether the patients who injure themselves, compared to those who do not, show more (a) signs of general psychopathology, (b) dissociative experiences, and (c) impulsive features, and whether this is also the case within the different ED subgroups.